
Health Care & Wellness Committee

HB 1396

Brief Description: Concerning referral procedures for medical eye care.

Sponsors: Representatives Green, Ericksen, Cody, Hinkle, Morrell, Moeller, Bailey, Williams and Nelson.

Brief Summary of Bill

- Each health carrier is required to provide enrollees with direct access to a participating medical eye care provider of the enrollee's choice without the necessity of prior referral.

Hearing Date: 1/30/09

Staff: Dave Knutson (786-7146)

Background:

Health carriers, including disability carriers, health care service contractors, and health maintenance organizations, that offer health plans are regulated by state statute and by rules adopted by the Insurance Commissioner. Under Insurance Commissioner rules, a managed care plan is a health plan that coordinates the provision of health care services to enrollees through a primary care provider and a network. The primary care provider supervises, coordinates, or provides initial or continuing care to the enrollee. Depending on the plan, the primary care provider may be responsible for initiating referrals for specialty care.

By state law, health carriers must offer enrollees in a health plan an adequate choice among health care providers. Health carriers must allow an enrollee to choose, from a list of participating providers, a primary care provider who is accepting new patients. On request, a health carrier must provide an enrollee with written plan information, including both the procedures an enrollee must follow to consult a provider other than the primary care provider, and who must authorize the referral. If specialty care is warranted, a health carrier must provide for an appropriate and timely referral to a choice of specialists.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Bill:

Each health carrier is required to provide enrollees with direct access to a participating medical eye care provider of the enrollee's choice without the necessity of prior referral. A medical eye provider includes all providers licensed to provide services within the scope of optometry practice, whether provided by an optometrist, a physician, or an osteopathic physician.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.